## 2023-2024 Collide Mid-Week Student Registration/Release

Student Information							
Name:	Birthdate (N	Birthdate (MM/DD/YYYY		Grade:	Gender:		
Cell Phone #:	Email:	School name:					
Allergies/Medical/Social Concerns:							
<b>Sign-out preference at end of activity</b> (circle one): My child may sign themselves out <u>OR</u> I will sign my child out Besides the Parent/Guardian information listed below, is there anyone else that you authorize to sign out / pick up your student? If yes, please list their first & last name/relationship and cell # here:							
Mother/Female Guardian information:		Father/Male Guardian information:					
First Name:		First Name:					
Last Name:		Last Name:					
Cell Phone:		Cell Phone:					
• Email:		• Email:					
Address:		Address:					
Town/State/Zip:		Town/State/zip: _					
Please indicate preferred method of contact:		Please indicate preferred method of contact:					

## **General Release Authorization:**

I give permission for my son/daughter to attend and participate in the **Collide** mid-week youth program at Valley Brook Community Church during the 2022/2023 school year. I understand that this participation will involve individual and group activities and there is a possible risk of injury or illness. I wholly release Valley Brook Community Church from any responsibility or liability and waive any claims or causes of action against Valley Brook Community Church or it's agents/volunteers, except in a situation of gross negligence on the part of Valley Brook Community Church or it's agents/volunteers. I understand that my child may appear in anonymous photos used in promotional marketing for the **Collide** youth program.

Printed Name:	Signed Name:	Da	ate:
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Please contact us <u>students@valleybrook.cc</u> with any information that can help us serve your family better.